



ID #:

MENTOR APPLICATION FORM

Name: _____ Social Sec. #: _____ - _____ - _____

Home address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: ____/____/____

Home phone: _____ Work phone: _____ Cell phone: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Employer: _____ Title: _____

Address: _____

Length of employment: _____ Supervisor's name: _____

Have you ever been convicted of a crime?: _____ If "Yes", please explain: _____

Do you object to our agency running a background check on you?: _____

Race/Ethnicity (Choose ALL That Apply)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Black or African American	

Gender: Male _____ Female _____

Marital Status: _____ Married _____ Widowed _____ Divorced _____ Never Married

Mentoring Information

Why would you like to be a mentor?:

Can you meet with a child at least one hour per week, after school, for one year?: _____

Do you have any previous experience volunteering, mentoring or working with youth?: _____

Do you have any interests, hobbies or special skills?: _____

Would you prefer to be matched with a child from a specific:

Grade level (5-8): _____ Religion: _____ Age (10-14): _____

Ethnicity: _____ I have no preference: _____

What language(s) do you speak?: _____

Please list highest level of education completed:

<input type="checkbox"/> High school	<input type="checkbox"/> College Courses	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate Degree	<input type="checkbox"/>

References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year):

1. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (w) _____ (h) _____ Relationship: _____

2. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (w) _____ (h) _____ Relationship: _____

3. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (w) _____ (h) _____ Relationship: _____

Please read this carefully before signing:

The Fairfax County JUMP program appreciates and thanks you for your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check. I have read and understood the program's, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the minimum time commitment of 1 hour/week for 12 months. All information in this application will be kept strictly confidential.

signature

date



FAIRFAX COUNTY
JUVENILE MENTORING PROGRAM

For more information please contact the JUMP Program Coordinator:
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